

ADVISORY OPINION

OPINION: Cosmetic and
Dermatologic Procedures
ADOPTED: February 2012
REVISED: 10/2015
REAFFIRMED:

This Nebraska Board of Nursing advisory opinion is issued in accordance with the Nebraska Nurse Practice Act, [Neb. Rev. Stat. 38-2216 \(2\)](#). As such, this advisory opinion is for informational purposes only and is non-binding. The advisory opinions define acts, which in the opinion of the board, are or are not permitted in the practice of nursing.

Cosmetic and Dermatologic Procedures

The Nebraska Board of Nursing endorses the Joint Board Dermatologic Workgroup Final Report and recommendations. [Report of the Joint Board Dermatologic Workgroup](#)

It is the opinion of the board that certain dermatologic procedures are within the scope of practice for an LPN and for an RN. The table below summarizes the procedures and considerations for each procedure.

*****Nursing practice and the delivery of healthcare services are dynamic and rapidly changing. The list below does not include all dermatologic procedures that can be performed by a nurse. If the procedure in question is not included in this table, please refer to the [scope of practice decision model](#).***

The decision to provide any cosmetic dermatologic procedure should be based upon self-assessment of competency, and following an assessment of the client and environment. A licensed nurse is accountable to be competent for all nursing care that he/she provides. Competence means the ability of the nurse to apply interpersonal, technical and decision-making skills at the level of knowledge consistent with the prevailing standard for the nursing activity being applied. Accountability also includes acknowledgment of personal limitations in knowledge and skills, and communicating the need for specialized instruction prior to providing any nursing activity.

Procedure	Who May Perform	Considerations
Mild Peels (glycolics equal to or less than 30%, exclude TCA) Superficial Exfoliation Microdermabrasion (for cosmetic purposes)	LPN RN	The LPN practices at the direction of an RN or licensed practitioner. Must have training and be competent to perform.
Dermabrasion – medium peel (removes layers of skin, very invasive, potential for complications)	RN	Must have training and be competent to perform. May perform with supervision of physician trained to do procedure who is available (can be via telecommunication) for consultation. Must have a written provider order after a face to face assessment.
Non-ablative lasers, light (IPL) devices , for hair removal and skin treatment	RN	With supervision of physician trained to do procedure who is available (can be via telecommunication) for consultation. Training – (minimum) <ul style="list-style-type: none"> • 4 – 8 hr. course with supervised procedures • Ongoing preceptorship • Includes didactic and hands-on • 10-20 procedures supervised • Includes laser/device safety • Continuing education – ongoing • Boards set content • May include certification from professional organization Must have a written provider order after a face to face assessment.
Injectables <ul style="list-style-type: none"> • Neuromodulators • Sclerotherapy for small varicosities 	RN	May administer neuromodulators with a provider order. The prescribing provider must be available for consultation (can be via telecommunication). Must have appropriate training (neuromodulators). <ul style="list-style-type: none"> • Training by a physician • A specific course in administration, OR • Training by a qualified pharmaceutical trainer (nurse or physician) Must have a written provider order after a face to face assessment. Must have appropriate education/training to perform sclerotherapy, including supervised procedures. For both neuromodulators and sclerotherapy, there must be ongoing continuing education.

References

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